

ANTHRAX IMMUNIZATION RECORD

HEALTH RECORD

All entries in ink to be made in block letters

Section I - ANTHRAX VACCINE INFORMATION CERTIFICATION

1. I have been given an Anthrax Vaccine Information Brochure (VIB):
What Everyone Needs To Know About the Anthrax Vaccine ☐ YES ☐ NO
2. I have been given the opportunity to ask questions about the Anthrax Vaccine prior to receiving the immunization
☐ YES ☐ NO
3. Signature
4. SSN
5. Date

Section II - ADMINISTRATION OF ANTHRAX VACCINE

Date Given	Dose No.	Dosing Schedule (from day 0)	Dose (ml)	Site (left or right arm)	Lot Number	Provider Facility/ Location	Administered By <small>Printed or Stamped signature</small>	Comments	Next Dose Due
	1	Day 0	0.5						
	2	2 Weeks	0.5						
	3	4 Weeks	0.5						
	4	6 Months	0.5						
	5	12 Months	0.5						
	6	18 months	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
	B	Annual	0.5						
Exemption	Date Exemption Begins		Anticipated date of exemption completion			Actual date of Exemption Completion			

Unless noted in comments, all doses will be given with vaccine manufactured by Bioport Corp.

Basic vaccination series consists of 6 shots over 18 months, given as indicated above. The following intervals between doses must be maintained. The 2nd dose is given 2 weeks after the 1st dose; the 3rd dose is given 2 weeks after the 2nd dose; the 4th dose is given 5 months after the 3rd dose; the 5th dose is given 6 months after the 4th dose; and the 6th dose is given 6 months after the 5th dose. If one is late for a dose or strays from the established schedule, the next dose due should be given, with the intervals for the remaining doses maintained. A booster dose should be administered every 12 months. If an adverse reaction occurs following an anthrax vaccination, note in "comments" block above and on a SF 600. If a severe reaction occurs, further administration of anthrax vaccine should be temporarily discontinued until further evaluation and consultation is completed.

Pregnancy: All women must be asked prior to receiving the vaccine if they are or might be pregnant. This will be asked in as private a setting as reasonably available. If the answer is yes, or possibly, the vaccine will be deferred until a confirmatory pregnancy test is done. If the pregnancy test is negative, the anthrax vaccine will be administered. If the pregnancy test is positive (confirmatory), administration of the vaccine will be deferred until the conclusion of the pregnancy. This temporary deferment will be noted above in the exemptions block as due to pregnancy. The date confirmed is listed as the date the exemption begins.

Patient's Identification (Mechanically Imprint, Type or Print):

Required: Name:
SSN:
DOB:
UNIT:
OPFAC: